

<b>VOLUNTARY LEAVE TRANSFER PROGRAM LEAVE RECIPIENT APPLICATION</b>				<b>1. PAYBLOCK NUMBER</b>	
<b><u>PRIVACY ACT STATEMENT</u></b>					
<b>AUTHORITY:</b>		EO 9397, November 1943 (SSN).			
<b>PRINCIPAL PURPOSE(S):</b>		Individuals wishing to participate in the Voluntary Leave Transfer Program as recipients of leave make application by completing this form. The information provided is used to validate the applicant's request.			
<b>ROUTINE USE(S):</b>		None.			
<b>DISCLOSURE:</b>		Voluntary; however, failure to provide requested information may impede the validation process.			
<b>2. EMPLOYEE IDENTIFICATION</b>					
a. NAME <i>(Last, First, Middle Initial)</i>				b. SOCIAL SECURITY NO.	
c. POSITION TITLE				d. GRADE/STEP	
e. ORGANIZATION				f. SALARY	
<b>3. LEAVE DATA</b>					
a. AS OF (YYMMDD)	b. ANNUAL LEAVE BALANCE	c. SICK LEAVE BALANCE	d. DATE AVAILABLE LEAVE EXPIRES (YYMMDD)	e. ACCRUAL RATE FOR ANNUAL LEAVE	
<b>4. MEDICAL EMERGENCY</b>					
a. DESCRIPTION <i>(Attach appropriate documentation)</i>					
b. EXPECTED DURATION			c. APPROXIMATE FREQUENCY <i>(If recurring)</i>		
<b>5. CONTACT DURING PERIOD OF EMERGENCY</b>					
a. EMPLOYEE TELEPHONE NUMBER <i>(If available)</i> <i>(Include Area Code)</i>		b. OTHER POINT OF CONTACT <i>(If applicable)</i>			
		(1) Name <i>(Last, First, Middle Initial)</i>		(3) Address <i>(Street, City, State and Zip Code)</i>	
		(2) Telephone Number <i>(Include Area Code)</i>			
<b>6. EMPLOYEE CERTIFICATION</b>					
I am aware that publication of all or part of the above information may be necessary to find leave donors.					
a. SIGNATURE				b. DATE SIGNED (YYMMDD)	
<b>7. SUPERVISOR APPROVAL</b>					
a. SIGNATURE				b. DATE SIGNED (YYMMDD)	